

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): G. Fleishman, et al.

Confirmation No.:

U.S Application No.:

Group Art Unit:

Filed: Herewith

Examiner:

For: Apparatus and Method for Digital Coding of  
Sound

Attorney Docket No: 7044-X06-029

**APPLICATION DATA SHEET**

**Application Information:**

Application Number:

Filing Date:

Application Type:

**Regular**

Subject Matter:

**Utility**

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R?:

Number of copies of CRF:

Title line one:

**Apparatus and Method for Digital Coding of sound**

Title line two:

Attorney Docket No.:

**7044-X06-029**

Request for Early Publication?:

Request for Non-Publication?:

Suggested Drawing Figure:

Total Drawing Sheets:

**3**

Small Entity:

**YES**

**Applicant Information:**

Applicant Authority type: Inventor (1)  
Primary Citizenship Country: **ISRAELI**  
Status: Full Capacity  
Given Name: **Guy**  
Family Name: **Fleishman**  
City of Residence:  
State of Province of Residence:  
Country of Residence: **ISRAELI**  
Street of mailing address: **2 Mifraz Slomo St.**  
City of mailing address: **Holon**  
State or Province of mailing address:  
Postal or Zip Code of mailing address: **58498**

Applicant Authority type: Inventor (2)  
Primary Citizenship Country: **ISRAELI**  
Status: Full Capacity  
Given Name: **Alexander**  
Family Name: **Weissman**  
City of Residence: **ISRAELI**  
State of Province of Residence:  
Country of Residence: **ISRAELI**  
Street of mailing address: **4 Amzaleg St.**  
City of mailing address: **Reshon Lezion**  
State or Province of mailing address:  
Postal or Zip Code of mailing address: **75272**

Applicant Authority type: Inventor (3)  
Primary Citizenship Country: **ISRAELI**  
Status: Full Capacity  
Given Name: **Leonid**  
Family Name: **Chernnyak**  
City of Residence: **ISRAELI**  
State of Province of Residence:  
Country of Residence: **ISRAELI**  
Street of mailing address: **33 Hagra St.**  
City of mailing address: **Holon**  
State or Province of mailing address:  
Postal or Zip Code of mailing address: **58305**

Correspondence Customer

Number:: **27317**  
Name:: **MARTIN FLEIT**  
Street of mailing address:: **21355 E. DIXIE HIGHWAY, SUITE 115**  
City of mailing address:: **MIAMI**  
State or Province of mailing address:: **FLORIDA**  
Country of mailing address:: **USA**  
Postal or Zip Code of mailing address:: **33180**  
Phone number:: **305-830-2600**  
Fax Number:: **305-830-2605**  
E-Mail address:: **MFLEIT@FOCUSONIP.COM**

### Representative Information

Representative customer number:: 27317

| Representative Designation:: | Registration Number:: | Representative Name:: |
|------------------------------|-----------------------|-----------------------|
| Primary                      | 16,900                | Martin Fleit          |
| Associate                    | 30,648                | Robert C. Kain        |
| Associate                    | 37,333                | Jon A. Gibbons        |
| Associate                    | 35,171                | Jose Gutman           |
| Associate                    | 40,917                | Stephen C. Bongini    |
| Associate                    | 43,500                | Paul D. Bianco        |

### Domestic Priority Information

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | National Stage of                                       | PCT/IL2005/000079    | January 23, 2005     |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/557,381           | March 30, 2004       |
|                  |   |                      |                      |

### Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

Assignee Name:

Street of mailing  
Address:

City

State:

Country:

Zip Code: